

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>		5/19/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>W</i>	65770	5-10-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5-20-00
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8	✓	✓	5-20-00
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16	✓	✓	5-20-00
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24	✓	✓	5-20-00
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32	✓	✓	5-20-00
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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